Revi	lsion:	HCFA-PM AUGUST 1	1-91- 4 991	(BPD)		ATTACHMENT Page 1 OMB No.:		
		STATE	PLAN UN	DER TITLE	XIX OF THE S	OCIAL SECUR	TY ACT	
		State/Te	erritory	: FLO	RIDA			
		(	Optional Qualifi	. Sliding S ed Disable	cale Premium i and Working	s Imposed on g Individual	n S	
Α.	qualif	ied disa	bled an	is used to d working the Act:	determine thindividuals o	ne monthly p covered unde	remium imposed r section	on -
			•					
	for pr	emium pa	vment,	notification	thod used is on of the cor ting waiver o	nsequences o	(include due da f nonpayment, a ayment):	ite ind
				·				
							r	
*Des	cripti	on <b>provi</b>	ded on	attachment	•			

\$ 1992

Effective Date \_\_\_\_\_\_10/1/91

HCFA ID: 7986E

TN No. 91-39
Supersedes Approval Date
TN No. NEW

Revision	: HCFA-PM- AUGUST 1	-91-4 (E 991	PD)	ATTACHMENT 4.18-E Page 2 OMB No.:0938-			
	STATE	PLAN UNDER	TITLE X	IX OF THE	SOCIAL SE	CURITY ACT	•
	State/Te	rritory:	FLO	RIDA			
C. State	e or local	funds unde	r other	programs	are used t	o pay for pr	emiums:
	Yes		_7	No			
							-
a pre	criteria us emium becau ribed belov	ise it woul	ermining d cause	g whether an undue	hardship	y will waive ; on an individ	payment of ual are
						1	
•							
*Descript	ion provid	led on atta	chment.				
IN No.	-	proval Date		3 1992			
Supersede IN No	s App NEW	roval Date		y	Effective		10/1/91
					HCFA ID:	7986E	